

DEPARTMENT OF SOCIAL SERVICES

CHILDREN'S DIVISION

P. O. BOX 88

JEFFERSON CITY, MISSOURI

November 14, 2007

MEMORANDUM**What's Inside:**

- Risk Assessment
- Prior History
- Domestic Violence Information
- Collateral Contacts
- Supervisory Approval

TO: REGIONAL EXECUTIVE STAFF, CIRCUIT MANAGERS, AND
CHILDREN'S DIVISION STAFF

FROM: PAULA NEESE, DIRECTOR

SUBJECT: RISK ASSESSMENTS, PRIOR HISTORY, DOMESTIC VIOLENCE, AND
COLLATERAL CONTACTS

DISCUSSION:

The purpose of this memorandum is to reiterate the importance of using the Risk Assessment, prior history, domestic violence, and collateral source information in determining the level of intervention necessary with a family. This memo also addresses the need for clear documentation and supervisory approval in situations where the family has been determined to be a high or very high risk level, when considering to close or not open a case.

Risk Assessment

The Risk Assessment is a tool designed to identify families with greater likelihood of future risk of abuse or neglect, and is completed based on conditions that exist at the time the incident is reported, as well as thorough review of the prior history of the family.

The Risk Assessment is based on research of cases with substantiated abuse or neglect and the relationships between family characteristics and the outcomes of subsequent substantiated abuse and neglect. The tool *does not predict* recurrence, but simply provides an assessment of whether a family is more or less likely to have another incident without intervention by an agency.

Please note any child abuse and neglect investigation that has been substantiated by a preponderance of evidence should be opened if the family has been determined to be High or Very High Risk, and review the chart on http://www.dss.mo.gov/cd/info/cwmanual/section2/ch5/sec2ch5sub3_15.htm for further detail.

Please review Child Welfare Manual Section 2, Chapters 9.1.4 and 9.1.5 on Risk Assessment <http://www.dss.mo.gov/cd/info/cwmanual/section2/ch9/sec2ch9sub1.htm> and Section 2 Chapter 9.4 at <http://www.dss.mo.gov/cd/info/cwmanual/section2/ch9/sec2ch9sub4.htm>. Additionally, please review Section 2, Chapter 9.5 for Risk Reassessment at <http://www.dss.mo.gov/cd/info/cwmanual/section2/ch9/sec2ch9sub5.htm>

Prior History

High and Very High Risk families are frequently those who have had a prior history with our agency. Therefore, it is essential staff review the prior history when determining whether to open a Family-Centered Services (FCS) case for services. It is necessary to review a family's prior history as it relates to the current allegations, as well as the potential accumulation of harm, involving a "persistent pattern of family functioning in which the caregiver has not sustained and/or met the basic needs of the child and which results in harm". For further detail on Accumulation of Harm, please review Child Welfare Manual Section 7, Chapter 10 http://www.dss.mo.gov/cd/info/cwmanual/section7/ch1_33/sec7ch10.htm.

Domestic Violence Information

Careful planning is necessary when we become involved with families having domestic violence issues due to the control, influence and other systemic factors common in domestic violence situations. Domestic violence may present a barrier to safety identification and effective interventions with the family if the issue is not identified or addressed.

If it becomes known during an Investigation/Family Assessment that there is a history or an alleged incident of domestic violence, staff should contact Law Enforcement and/or any other professionals known to be familiar with the domestic violence in order to obtain complete information on the family.

Staff should review Child Welfare Manual [section 7, Chapter 24](#) for information and guidelines for intervening with families involved with domestic violence.

Collateral Contacts

Collateral sources provide crucial information for verifying safety of children. The Children's Service Worker shall exercise professional judgment in the selection of information sources. Staff should thoughtfully choose collateral contacts from among those people who have enough contact with the family and/or child to give pertinent information. This collateral contact should truly be someone who has relevant information and is able to address a particular concern. For example, if the CA/N report alleges an injury or medical condition, collateral sources may include, but not be limited to, a professional health care provider, a close family member or a neighbor who has information related to the injury/medical condition.

Child Welfare Manual Sections 2, Chapter 4.1.4.4 and Chapter 5.3.11.1 contain information on the use of collateral contacts.

The importance of the use of collateral sources and prior history was also previously addressed in [Memorandum CD05-51](#), following a review of practice trends seen following certain fatalities and critical events. This memorandum serves as a reminder that staff must recognize the significance of these areas of practice for addressing child safety.

High or Very High Risk Level Cases, Documentation and Supervisory Approval

Though Supervisory approval is required for the completion of all child abuse/neglect reports and Family-Centered Service case activity, special emphasis should be made by Supervisors to review and discuss documentation of case openings/closings on any family determined to have a **High or Very High Risk Level**. Current policy states that any child abuse and neglect report

that has been substantiated should be opened if the family has been determined to be High or Very High Risk Level.

When staff are considering closing a case, supervisors shall review and discuss the documentation with the worker during case consultation. The documentation should include specific reasons the worker has based his/her decision to close the case, such as parent currently participating in Parents As Teachers, First Steps program, or Counseling. Additionally, the documentation should include the reasons for the parent's participation with such referral agencies. "Close with Referral" risk-based case open/close decisions must include this specific supporting documentation. The worker should discuss with his/her supervisor the parent's protective capacity to avoid such an allegation/situation in the future. Such protective capacity may include behaviors and attitudes the worker has observed in the child's caretaker(s). These observations and supporting documentation must be included in the report or case record which the supervisor will review when considering approving.

Please note - the Structured Decision Making (SDM) PowerPoint and memorandum are cited below for further discussion during staffings and case consultation.

NECESSARY ACTION:	
<ol style="list-style-type: none"> 1. Review this memorandum with all Children's Division staff. 2. Review revised Child Welfare Manual chapters as indicated below. 3. All questions should be cleared through normal supervisory channels and directed to: 	
PDS CONTACT: Meliny Staysa (573) 522-8620 Meliny.J.Staysa@dss.mo.gov	PROGRAM MANAGER: Kathryn Sapp (573) 522-5062 Kathryn.Sapp@dss.mo.gov
CHILD WELFARE MANUAL REFERENCE:	
Risk Assessment and Risk Reassessment: Section 2, Chapter 9	
Prior History: Section 2, Chapter 4.1.1.2 Section 2, Chapter 5.3.1.2	
Domestic Violence Information: Section 7, Chapter 24	
Collateral Contacts: Section 2, Chapter 4.1.4.4 Section 2, Chapter 5.3.11.1	
Open/Close Guidelines for Concluding CA/N Reports: Section 2, Chapter 4.1.12 Section 2, Chapter 5.3.15	
Accumulation of Harm: Section 7, Chapter 10	
FORMS AND INSTRUCTIONS:	
Reference only: CPS-1 Forms Instructions http://www.dss.mo.gov/cd/info/forms/forminstructions/cps1_instr.pdf	
REFERENCE DOCUMENTS and RESOURCES:	
Structure Decision Making PowerPoint (attached) SDM Policy Memo CS03-51	

Improved Practice based on Lessons Learned!

with a refresher in
Structured Decision Making

Created by:
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Department of Social Services
Children's Division
June 2006

Structured Decision Making?

What is it?

How is it Used?



- ❖ A model approach used in Missouri for addressing child abuse and neglect...

The SDM process developed by the Children's Research Center (CRC) was designed to improve the effectiveness of Missouri's child protective services by introducing structure to critical decision points in the child welfare system; increasing the consistency and validity of decision making; and targeting resources to families most at risk.

SDM in Investigation/Assessment

- Determines a Response Priority
 - Level assigned which dictates how quickly our agency responds to a report
- Determines Track Assignment
 - Level assigned with dictates whether the report will be handled as an Investigation or Family Assessment

Note: Response Priority and Track Assignment are initially determined by CANHU with the ability for Field Supervisor override when additional information is available

Let's Talk Response Priority and Track Assignment...

SDM in Investigation/Assessment & Case Management (FCS & FCOOH)

- Safety Assessment/Reassessment
- Family Risk Assessment/Reassessment
- Minimum Contact Guidelines
- Visitation Guidelines

SAFETY VS. RISK

What's the Difference?

Definitions

Safety:

- 1) The quality or condition of being safe; freedom from danger, injury or damage; security.
- 2) Any of certain devices for preventing an accident. Example: a catch or a lock on a firing device that prevents it from firing.

Risk:

- 1) The chance or probability of injury, damage or loss.

Guns

The fact that a person has a gun in their possession poses the *risk*. The safety device on the gun is the protective factor that can keep the person free from harm (*immediate safety*). Measures taken to determine how the safety device works, whether it is functioning properly, and how we verify that it is functioning properly, can be equated to how a safety plan should be completed, and whether or not it will be a relevant, effective safety plan or not.

Assessing Child Safety!

- ❖ Follow SDM guidelines!
- ❖ Interviewing the Child Alone
- ❖ Quality decision making should be regularly verified during supervisor conferences
- ❖ Review of changes in HHLD composition
- ❖ Supervisor oversight very important!
- ❖ Chief Investigator/Supervisor signature isn't just a signature!

Safety Assessment

- Within 72 hours of receipt of the report from CANHU during the first contact with the family.
- Every 90 Days (New Policy!) – whenever the CD-14A and the Risk Re-assessment (CD-14E) are completed in open cases!
- Use the Safety Assessment Definitions!
- New Safety Assessment stand-alone form forthcoming!

Opportunities to Review Safety!

- During Investigation/Family Assessment/ Newborn Crisis Assessment/Referrals activities
- During Supervisor Case Conferences
- While Completing Safety Assessment/Safety Plan
- During Home Visits with child/parent in HHLD
- During Home Visits w/ child in Foster Home

More Opportunities to Review Safety

- During FST's
- During Supervised Visitation
- Immediately following Unsupervised Visitation
- During discussions with service providers
- During Critical Event/Fatality review!
 - *Use the Critical Event/Fatality Review Tool to identify trends in your Circuit!*
- Following Local Child Fatality Review Panel meetings!

Household Composition is Important

🏠 Family

🏠 Foster Home

Applicable in all kinds of cases:

- Investigation/Assessment
- FCS
- FCOOH
- Licensing Worker
- Adoptions



Use of Prior History!

- ⌚ History *IS* connected to the present situation
- ⌚ Patterns emerge
- ⌚ Various ways to search now in FACES
- ⌚ Discussion of significance of prior history of key participants should be discussed during case conferences with supervisors!
- ⌚ Whenever HHL D composition changes!!!
- ⌚ New information (Added Info!)



Use of Collaterals!

- ~ Valuable for verifying your conclusion!
- ~ Minimum Contact Standards require them
- ~ SACWIS/FACES requires at least one
- ~ During reviews it became apparent that collaterals were under-valued and under-utilized.
- ~ Crucial for verifying safety



CD-14A Family Functioning Assessment/ Re-assessment tool

- ☑ Is a comprehensive assessment tool
- ☑ Assists the worker in processing information gathered from systemic tools, worker observation, provider & collateral contact, family history, engagement with the family
- ☑ Is completed every 90 days simultaneously to the CS-16E, Risk Re-assessment, in open Cases.
- ☑ Changes in family functioning that raise safety concerns may prompt a worker to conduct a Safety Assessment or Re-assessment.

Effective Safety Plans

- ❖ *Effective* is the key word
 - ❖ Time Limited
 - ❖ Specific
 - ❖ Must be re-evaluated!
-
- *New Safety Plan forthcoming!*
 - *Training on effective safety planning forthcoming!*

Safety Re-Assessment: When? Why?

- ✓ Prior to returning a child home during the investigation/assessment period.
- ✓ At the expiration of the initial safety plan.
- ✓ Whenever new information becomes available that may impact child safety (when a conditional safe condition is pending).
- ✓ Used to re-evaluate child safety throughout the life of a case. It documents the resolution of safety factors previously identified on the initial safety assessment, the presence of any additional safety concerns, and whether a new/revised safety plan is required. During home visits in conjunction with new visitation checklists.

Re-Assessing Child Safety!

Things to Consider...

- 👍 Follow SDM Guidelines!
- 👍 Quality decision making should be regularly verified during supervisor conferences
- 👍 Requires regular review of changes in Hhld composition
- 👍 Supervisor oversight very important!

New Safety Re-assessment form forthcoming!

Court Notification: When?

- Courts have authority
- Courts need information to make decisions
- Notify Courts of cases in which safety assurance is questionable or those that are high risk
 - Even cases with no current court involvement!
- Keep Written Documentation!



Let's talk Risk...

Risk Assessment and Re-assessment!

- Follow SDM Guidelines!
- Every 90 days on open FCS/AC cases
- Whenever household composition changes
- Considers present and past conditions
- **Includes all HHLD *and others having significant in-home contact !***
- Guides worker/sup on case management decisions (open/close case)

Risk Assessment

- At the conclusion of the investigation/assessment period
- Assigns a Risk Level, which guides decisions on how to proceed with a case. Allows for discretionary override to increase the risk level when needed.
- Only one household can be assessed on a risk assessment form. Separate form should be completed for multiple hhlds involved in the incident, or for the household where the maltreatment occurred in joint custody situations.]
- Use definitions to score each risk item.
- Some items require professional judgment based on worker's observations.

Risk Re-Assessment

- CS-16E is used in conjunction with the CPS-1 during an Investigation/Assessment to determine risk of recurrence of maltreatment.
- The CD-14E is the same SDM Risk Assessment, which is available as a stand alone form for those less frequent occasions when an FCS case is opened that was not initiated by a CA/N Report.

Case **open/close** Guidelines based on SDM risk level (use definitions on CS-16E forms instructions)

Risk Level	Investigations		Family Assessments
	Preponderance of Evidence	Unsubstantiated	
Low	Close	Close	Close
Moderate	Open/Close	Close	Open/Close
High	Open	Open/Close w/ referral	Open/Close w/ referral
Very High	Open	Open/Close w/ referral	Open/Close w/ referral

Decision to not open a case

- Factors for the decision to not open a case must be clearly documented in the Investigation record. Supervisors should carefully consider all factors and be in agreement with the decision to not open a case, before signing final approval of the report.

Holistic Approach to Child Safety

- ▶ Transition between specialized workers (Investigation to FCS/FCOOH)
 - ▶ 100% Information must be relayed between workers
 - ▶ Safety must not be at stake during transition time
 - ▶ New Safety tools now used in all types of cases!
- ▶ Minimum Contact Standards solve the lag time problem!

Issues to consider at FCS assignment

1. Is there an active Safety Plan and does it adequately address the safety issues? Do Safety interventions need to be revised? (Staff may use a CS-16D)
2. Have circumstances changed in the family composition that would warrant a safety assessment or re-assessment? (Example: new members of household, such as a new adult, new baby or additional children or relatives)
3. Have circumstances changed in regard to the family physical location/environment that would warrant a safety assessment or re-assessment? (Example: eviction, new housing, utilities shut off, household composition changes causing crowding)

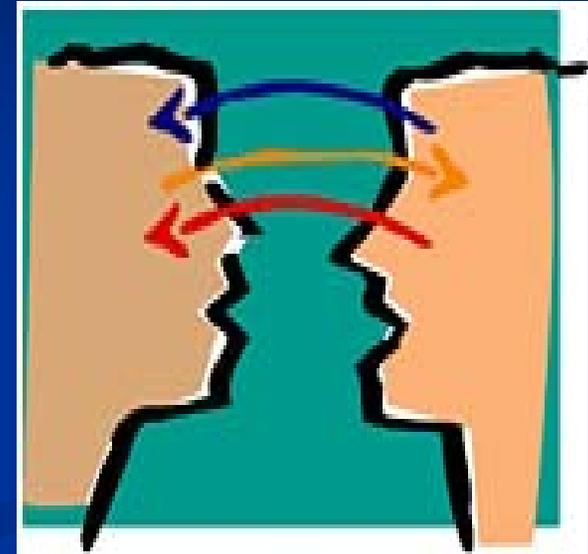
More Issues to consider at FCS assignment

4. Have circumstances changed in regard to family physical health? (Example: caretaker or a child has become ill, new medical expenses or not following through with medical services)
5. Have circumstances changed in regard to family mental health or substance abuse issues? (Example: Not complying with prescription medication, psychotic break or suicide attempt, escalated symptoms)
6. Have there been incidents or reported concerns regarding child abuse/neglect, domestic violence or criminal activity?

First Face to Face

The Initial Face to face contact and interview with the family must occur based on the following SDM risk levels:

- ❖ High or Very High Risk - within one (1) working day;
- ❖ Moderate Risk - within five (5) working days; and
- ❖ Low Risk - within ten (10) working days.



Contact Guidelines!

Establishes guidelines for minimum monthly family contacts in FCS Cases:

- 1) Overall number of face to face contacts by CD and/or other (contracted in-home) service providers per month
 - 2) *Minimum # contacts with family by CD worker per month*
 - 3) *Minimum # contacts with collaterals per month (may be phone contacts, etc).*
- Determined at initial case assignment, and at every re-assessment (as risk level changes).

Minimum Contact Standards for In-Home Cases

- Were established with the introduction of Structured Decision Making (SDM) in December of 2003, (Children's Division Memorandum CS03-51) in order to assure that families with the highest risk levels were seen with the most frequency.
 - Remember... SDM risk level is assessed initially during the investigation/family assessment process on the CPS-1 and then re-assessed every 90 days on the CS-16E.

Minimum contact standards...

Go into effect at the time the investigation/family assessment is concluded on the CPS-1 or the date the delayed conclusion is entered into the system.

- *This standard should begin within the mandated 30 day timeframe given to conclude child abuse and neglect reports.*

Minimum Contact Standards for In-Home Cases

- The “Children’s Division Minimum Contact Standards” (Section 2, Chapter 9.5.2 - Minimum Contact Standards for In-Home Cases) represent how many of the overall contacts must be met by the CD worker with the family according to the SDM level of risk.
- The remaining contacts may be met by a contracted in-home service provider who is working with the family as part of the family’s case plan.
 - However, if the contracted service provider was unable to complete monthly contacts, the CD worker is responsible for meeting the overall contact standard.

Minimum Contact Standards for In-Home Cases

- It is the responsibility of the Circuit Manager to formulate local protocol to assure that CD staff is meeting minimum contact standards.
- This may be met in accordance with the particular circuit's personnel and resources, but the protocol should determine the member of staff ultimately responsible for contacts with the family. In some circuits this may be met by an FCS worker, prior to the opening of the case and in some circuits the CA/N worker may continue to make the required contacts until the case is assigned.

Minimum Contact Guidelines for In-Home Family Cases

Risk Level	Overall Contacts (by CD and other In-Home Service providers)	CD Minimum Contacts
Very High	3 Face-to-Face/ month	2 Face-Face/ month + 3 Collateral Contacts/ month
High	2 Face-to-Face/ month	1 Face-Face/ month + 3 Collateral Contacts/month
Moderate	1 Face-to-Face/ month	1 Face-Face/ month + 2 Collateral Contacts/month
Low	1 Face-to-Face/ month	1 Face-Face/ month + 1 Collateral Contacts/month

Family Support Team Meetings for Intact Families

- ❖ Although family support team meetings are an integral part of the family out-of-home process, there are many intact families with multiple needs who could benefit greatly from family support team meeting.
- ❖ FST meetings for intact families are not a new concept and being used regularly as an option in various parts of the state.
- ❖ Workers are discovering that by bringing together the necessary formal and informal participants, a family support team process can assist the worker in moving the family closer to achieving and maintaining positive change and reducing the risk for future maltreatment or the need for out-of-home care.

Visitation Guidelines

New Policy provides additional guidelines for workers regarding visits with children, families, and placement providers, pertaining to FCS and FCOOH cases.

- Memorandum CD06-41
- Memorandum CD06-47
- Memorandum CD06-50
- Memorandum CD06-63



	WITH THE CHILD	WITH THE PARENT	W/ THE PLACEMENT PROVIDER
FCS	1 to 3 face-to-face, in home contacts per month depending upon the assessed level of risk from the CD-14E.	1 to 3 face-to-face, in home contacts per month depending upon the assessed level of risk from the CD-14E.	N/A unless child has been voluntarily placed outside of the home. Then the worker may see the placement provider at least once per month with the child in the placement setting.
FCOOHC:			
Prior to 72 hours	Child should be seen the next business day after placement in the placement setting.	At least one visit in the parent's home prior to the 72 hour team meeting.	Should be seen the next business day after the child was placed. Visit shall occur in the placement setting.
30 Days	A minimum of once after the initial 72 hour contact. This visit does not have to occur in the placement setting.	Every attempt should be made to see them once per week for the first 30 days.	A minimum of one contact with the placement provider after the initial 72 hour contact.
Ongoing	Two times per month with no less than seven (7) calendar days between visits. At least one visit must occur in the placement setting.	One visit per month in the parent's home if the goal remains reunification. Otherwise, visits should continue only if the child has visits with the parent(s) in the household.	Two times per month with no less than seven (7) calendar days between visits. At least one must be held in the placement setting.
Extended Visit	At least once during the visit. If the visit is longer than a week, the child shall be seen in the home at least once per week.	Same as child.	N/A
Trial Home Placement	One time per week for the first 30 days. After 30 days, the number of visits will be based upon the level of risk from the CD-14E.	Same as child.	N/A

* Note: Additional specifications on next slide.

Service Worker vs. Case Manager Contacts

For children placed in a foster, relative or kinship care home outside of the case manager county, the child should be seen the next business day after confirmation of the placement by the case manager county. Children placed in a residential facility outside of the case manager county should be contacted by the case manager or service worker the next business day after placement. This contact may be by phone but the child **MUST** be seen in person, at the residential facility, within 14 calendar days of the date of placement.

Children placed in these settings within the case manager county should be seen the next business day after placement. **Visits with children during extended and trial home visits may be conducted by another agency worker providing services to the child or family. The CSW must document the date of the visit, how safety was assured, and any other information gathered by the other agency worker.**

Visitation Checklists



Newly created CD Forms (checklists) were developed for the CSW to use during visits serving multiple purposes. All three provide measures for reviewing safety:

- CD-82 (Checklist for Worker/Child Visits) is used during visits with children in out of home care. Among other things, it addresses the child's feelings about safety in their placement.
- CD-83 (Parental Home Visit Checklist) is used in Conjunction with the CD-14 and CD-14a, and is used during visits in the parent/guardian's home.
- CD-84 (Placement Provider Checklist) is used for on-going assessment of the placement provider's home.

Supervisor Consultation!

- ✓ Regular and frequent Case Conferences!
- ✓ CD Director's expectation
- ✓ Supervisor review tools can be very useful for feedback
 - ✓ New Supervisor Case Review Tool!
- ✓ Supervisor evidence of reviewing case narrative is evidenced by date/signature



Supervisor/Case Conferences

- ✓ Review and Discuss Prior History
- ✓ Review and Discuss current safety plan
- ✓ Review and Discuss Quality of Child Interview
- ✓ Collateral information
- ✓ Evidence
- ✓ Household Composition (review and discuss risk assessment)
- ✓ Need for any court notification about case

Risk Re-assessment

- Every 90 days from the date of the initial risk assessment.
- Assesses the family's progress towards risk reduction, and drives the decision to close the case or keep it open for continued services. If the case will remain open, the reassessed risk level guides minimum agency contacts with the family.
- Reference Memorandum CD03-51!

Before Closing a Case

- 👍 Safety Must be Assured!
- 👍 SDM Risk Level must guide decision.
- 👍 Only after consultation and signed approval by the Supervisor!
- 👍 Reason for decision to close case must be clearly documented in case narrative.
- 👍 Be sure System is accurately updated before closing case to prevent data entry errors.



Case open/close Guidelines based on SDM risk level
 (use definitions on CS-16E forms instructions)

Risk Level	Investigations		Family Assessments
	Preponderance of Evidence	Unsubstantiated	
Low	Close	Close	Close
Moderate	Open/Close	Close	Open/Close
High	Open	Open/Close w/ referral	Open/Close w/ referral
Very High	Open	Open/Close w/ referral	Open/Close w/ referral

Support for Field

- ✦ Social Service Specialists
- ✦ FCS Case consultants!
- ✦ Central Office
- ✦ Division of Legal Services
- ✦ Training (including online tutorials)
- ✦ CD Intranet!
- ✦ Supervisors, Field Support Managers, Regional Directors

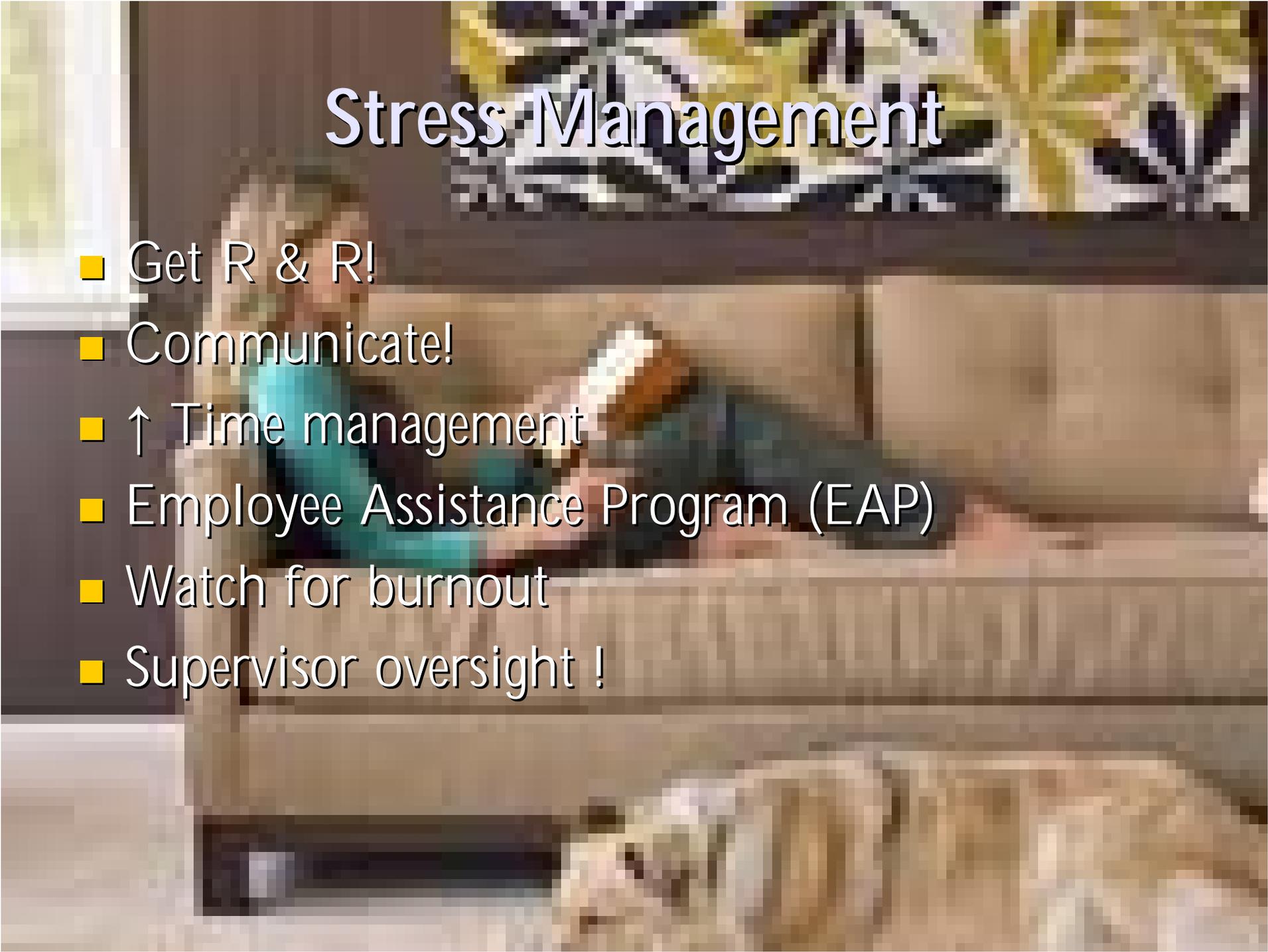


Helpful Resources

- American Humane website on Child Protection at:
http://www.americanhumane.org/site/PageServer?pagename=pc_home
- Child Welfare Information Gateway (excellent resource on all program areas) at: <http://www.childwelfare.gov/>
- National Resource Center for Child Protective Services (good stats and information/guidelines on meth) at:
<http://www.nrccps.org/slo.php>
- National Resource Center for Family-Centered Practice & Permanency Planning at:
<http://www.hunter.cuny.edu/socwork/nrcfcpp/newsletters.html>
- National Resource Center for Organizational Improvement (great newsletter & resources to help train/support staff) at:
<http://muskie.usm.maine.edu/helpkids/>
- Federal Administration on Children & Families (federal & state laws, stats, and full range of program assistance) at:
<http://www.acf.hhs.gov/programs/cb/>

- Guidelines for Child Abuse & Neglect Reports at:
http://www.dss.mo.gov/cd/pdf/guidelines_can_reports.pdf
- CD Child Abuse & Neglect Annual Report at:
<http://www.dss.mo.gov/re/canar.htm>
- Community Resource Packets from the National Clearinghouse Prevent Child Abuse packets available at:
http://nccanch.acf.hhs.gov/topics/prevention/prev_packet_2006.cfm
- Safe Sleep for Your Baby Around the Clock: Birth to 12 months brochure at:
<http://www.sidscenter.org/Downloads/S07.htm> through the National SIDs Center
- Children Trust Fund's brochure on crib safety at:
<http://www.ctf4kids.org/SCSSposter05.pdf>
- Plus safe sleep information at:
http://www.ctf4kids.org/edu/SafeCrib_WebBroch.pdf
- 12 page Safe Crib Manual at:
<http://www.ctf4kids.org/edu/SafeCribManual.pdf>

Stress Management



- Get R & R!
- Communicate!
- ↑ Time management
- Employee Assistance Program (EAP)
- Watch for burnout
- Supervisor oversight !

The End!

